

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XGG0

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | on or each violation is specified in the harra | tive portion of this | | | | | |
|--|--|----------|--|----------------------|---|--|------------|----------------------------|--|
| Establishment Name | | | | | Telephone Number | Date of Inspection PE (mm/dd/yr) | | PERMIT# | |
| Taco Bell #31570 | | | | | Biz 448 8841 | 1 | _ | 19-305 | |
| Establishment Address (number and street, city, state, zip code) | | | | | | 6/4/2 | Ø | 17-305 | |
| Owner Chulcilon Rd. New Albay, IN 47153 | | | | | 502 874 6111 | <u> </u> | | | |
| C+M Smith Restournets inc/Clinton Swith | | | | | Purpose: | Follow-up Release Date | | | |
| Owner's Address | | | | | Routine | No 10 days | | | |
| Owners | uux ess | | | | 2. Follow-up | Summary of | Violation | 18: | |
| Person in (| Charge | | | | 3. Complaint | $ \lambda \rangle \sim \lambda \rangle$ | | | |
| Janilah McNealy | | | | | 4. Pre-Operational | [C <u>\</u> | NC_ | $\mathcal{L}_{\mathbf{A}}$ | |
| Responsible Person's E-mail | | | | | 5. Temporary | Manu Type | (Saa baals | of ward | |
| | | | | | 6. HACCP | Menu Type (See back of page) | | | |
| Certified Food Manager | | | | | 7. Other (list) | 12 <u>X_345</u> | | | |
| Andrea Garcia | | | | | | 1 | | _4 | |
| • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" | | | | | | | | | |
| | | | | | | | | | |
| • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R" Section# C/NC R To Be Corrected By | | | | | | | | | |
| Sections | CINC | R | | Narrative | | T | o Be Co | rrected By | |
| | | | | | | | | | |
| | - | <u> </u> | No violations. | <u> </u> | | | | | |
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| Received by (signature): | | | | | spected by (signature): | COP | | | |
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